

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I (we) hereby declare that:

My residence, post office address and citizenship are the same as stated below next to my name.

I (we) believe I am (we are) an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and Associated Apparatus for Electronic Prescription Handling

the specification of which (check one)

☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____
and was amended on _____ (if applicable).

☐ was filed as PCT International application No. _____ on _____
and was amended on _____ (if applicable).

I (we) hereby state that I (we) have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I (we) acknowledge the duty to disclose information known to me to be material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I (we) hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Number</u>	<u>Country</u>	<u>Filing Date (mm/dd/yyyy)</u>	<u>Priority Claimed</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full name of sole or first inventor: Kenneth Robibero

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Post Office Address: Same as above

Country of Citizenship: United States of America

2/8/01

Date

Kenneth Robibero

Inventor's Signature